



**ROCKPORT
Board of Health**

34 Broadway
Rockport, MA 01966

Phone: 978-546-3701 / Fax: 978-546-5013

FOOD ESTABLISHMENT PERMIT APPLICATION

For Renewals: Applications must be submitted before December 31st.

For New Establishments: Application must be submitted at least 30 days before the planned opening date

Please check all that apply:

A: ☐ FOOD SERVICE and CATERING combined

B: ☐ FOOD SERVICE ☐ RETAIL (not pre-packaged) ☐ CATERING Only ☐ MANUFACTURER of FROZEN DESSERT

C: ☐ RETAIL (pre-packaged, including PHF) ☐ MOBILE ☐ BED & BREAKFAST

D: ☐ RETAIL (pre-packaged, non-PHF only) ☐ RESIDENTIAL KITCHEN for Retail Sale ☐ FUNCTION HALL

Please enclose fee payable to: Town of Rockport

FEE: A: \$225 Food Service and Catering combined

B: \$200 for Food Service or Retail Food (not pre-packaged) or Catering Only or Manufacturer of Frozen Dessert

C: \$100 for Retail Food (pre-packaged food only, including PHF) or Mobile or Bed and Breakfast

D: \$75 for Retail Food (pre-packaged, non-PHF only) Residential Kitchen for Retail Sale or Function Hall

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No: _____ Email: _____

Contact Person: _____ 24-Hour Emergency Phone No: _____

Establishment Owned By:

Association _____ Corporation _____ Individual _____ Partnership _____ Other Legal Entity _____

Owner Name: _____ Title: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

Person Directly Responsible for Daily Operations:

Name: _____ Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

PLEASE CIRCLE: Drinking water: Town or Private Well Wastewater: Sewer or Private Septic

Length of Permit: Annual or Seasonal: Dates: _____ Location: Permanent Structure or Mobile

Days & Hours of Operation: _____ Number of Employees: _____

Name of Person in Charge Certified in Food Protection Management (if applicable). **Please attach copy of certificate**

Name: _____ Date of Exam: ____/____/____ Certification No: _____

Name of Person trained in Anti-Choking Procedures (if 25 seats or more): _____

Establishment Type (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Retail - (____ Sq. Ft.) | <input type="checkbox"/> Residential Kitchen for Retail Sale |
| <input type="checkbox"/> Food Service - (____ Seats) | <input type="checkbox"/> Bed & Breakfast Home (1-3 rooms) |
| <input type="checkbox"/> Food Service - Takeout | <input type="checkbox"/> Bed & Breakfast Establishment (4-9 rooms) |
| <input type="checkbox"/> Food Service - Institution (____ Meals/Day) | <input type="checkbox"/> Frozen Dessert Manufacturer |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Other (Describe): _____ |
| <input type="checkbox"/> Food Delivery | |

Food Operations (check all that apply): List menu items that correspond to checked categories.

- Definitions: PHF - potentially hazardous foods (time/temperature controls required)
Non-PHF - non-potentially hazardous foods (no time/temperature controls required)
RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

List Menu Items that Correspond

- ☐ Sale of Commercially Pre-Packaged Non-PHF
- ☐ Sale of Commercially Pre-Packaged PHFs
- ☐ Delivery of Packaged PHFs
- ☐ Reheating of Commercially Processed Foods for Service Within 4 Hours
- ☐ Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- ☐ Preparation of Non-PHF
- ☐ PHF Cooked to Order
- ☐ Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- ☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer
- ☐ Customer Self-Service
- ☐ Ice Manufactured & Packaged for Retail Sale
- ☐ Juice Manufactured & Packaged for Retail Sale
- ☐ Offers RTE PHF in Bulk Quantities
- ☐ Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- ☐ Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- ☐ PHF and RTE Foods Prepared for a Highly Susceptible Population or Facility
- ☐ Vacuum Packaging/Cook Chill
- ☐ Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ☐ Offers Raw or Undercooked Food of Animal Origin
- ☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
- ☐ Other (Describe): _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____ Date: _____

Individual or Corporate Name: _____ SS No. or Fed ID: _____

BOARD OF HEALTH USE ONLY

Date Received Date Inspected Approved By Permit No.